

AUTO CR - LOG SUMMARY #1071147

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer responded to a domestic in which the subject's family wanted him to be transported to a mental hospital for a mental evaluation. It is reported that the subject refused to be escorted, refused to be handcuffed, pulled away, pushed and became very combative with the responding officers. It is reported that the involved officer then deployed her Taser at the subject.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SVACHULA, CHRISTOPH A	613	[REDACTED]	011 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
22-AUG-2014 04:57 - 22-AUG-2014 04:57	[REDACTED]	1114	011	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	
CPD Employee	Involved Member	FOX, STEPHANIE A	6527	[REDACTED]	011 /	POLICE OFFICER	F	WHI	[REDACTED]	
CPD Employee	Witness	ROSZKOWSKI, GREG	14740	[REDACTED]	011 /	POLICE OFFICER	M	WHI	[REDACTED]	
CPD Employee	Witness	CHRYSSIKOS, NICHOLAS C	11190	[REDACTED]	011 /	POLICE OFFICER	M	WHI	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Incident Category List

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	30-SEP-2014 02:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	02-SEP-2014 07:35	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	01-SEP-2014 10:23	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	28-AUG-2014 08:20	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Emailed Sgt. Svachula for Taser download.
PRELIMINARY	25-AUG-2014 08:11	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	Needs Taser download.
PRELIMINARY	22-AUG-2014 10:50	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					NUFIO, OSCAR	22-AUG-2014 10:50			
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED] Assault - Agg Po Hands No/Min Injury; Criminal Damage - To Property	N	HAYES, SHANNON	25-AUG-2014 08:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Stephanie Fox	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	HAYES, SHANNON	01-SEP-2014 10:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Greg Roszkowski	N	HAYES, SHANNON	25-AUG-2014 08:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Stephanie Fox	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Chryssikos	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Greg Roszkowski	N	HAYES, SHANNON	25-AUG-2014 08:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Nicholas Chryssikos	N	HAYES, SHANNON	25-AUG-2014 08:06	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 22-AUG-2014) - LOG #1071147

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	SVACHULA, CHRISTOPH A	613	[REDACTED]	011 /	SERGEANT OF POLICE	M	WHI		

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22-AUG-2014 04:57 - 22-AUG-2014 04:57	[REDACTED]	1114	011	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	22-AUG-2014 22:50	NUFIO, OSCAR	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	30-SEP-2014 02:20	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	22-AUG-2014 10:50	NUFIO, OSCAR	INVESTIGATOR I COPA	113 /	

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
 (For use by Chicago Police Department Personnel Only)
 CPD-11.388(6/03)-C

RD
 Case I
 EVENT

APPROVAL COMPLETE

IUCR: 0554 - Assault - Agg Po Hands No/Min Injury

1310 - Criminal Damage - To Property

Occurrence Location:	Beat: 1114	Unit Assigned: 1114
090 - Apartment		RO Arrival Date: 22 August 2014 16:45
Occurrence Date: 21 August 2014 21:00		Domestic Related Incident # Offenders: 1

VICTIM - Individual

Name: [REDACTED]	Demographics		
Res: [REDACTED]	Beat: 1114	Female	DOB: [REDACTED]
Sobriety: Sober		Black	Age: 41 Years
CPD Officer: No		5'01, 157 lbs	Birth Place: Illinois
		Brown Eyes	
		Black Hair	
		Natural Hair Style	
		Dark Brown Complexion	
		Identification:	
	Type State Id	State Illinois	Number [REDACTED]

Suspect # 1

Name: [REDACTED]	Demographics		
Res: [REDACTED]	Beat: 1114	Male	DOB: [REDACTED]
		Black	Age: 38 years
		6'01, 190 lbs ,	Birth Place: Illinois
		Brown Eyes	State Id - [REDACTED]
		Black Hair	Suspected of Using:
		Dreadlocks Hair Style	Drugs/Narcotics
		Dark Brown Complexion	

(Victim) is a Roommates Or Former of (Offender)

INCIDENT

NON-OFFENDER(S)

SUSPECT(S)

RELATIONSHIP

DOMESTIC INFO

Order Of Protection Info

Order Of Protection #: IL

Transportation Arranged/Provided to Relocate? Declined

Victim Advised of Hotline #? Yes

Procedure Notifications

Domestic Info Notice Provided? Yes

Victim Advised of OOP Procedures? Yes

Victim Advised of Warrant Procedures? Yes

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

OTHER PROPERTIES

Property #1

Possessor/User: [REDACTED]

Quantity: 1

Estimated Value: \$400.00

Used as Weapon? No

Taken/Stolen? No

Description: 32" Element Flat Screen Tv

Owner: [REDACTED]

Recovered? No

Color: Black

Property Type: Radios/Tvs/Vcrs

Damaged? Yes

Property #2

Possessor/User: [REDACTED]

Quantity: 1

Estimated Value: \$100.00

Used as Weapon? No

Taken/Stolen? No

Description: Two Legs On Table

Owner: [REDACTED]

Recovered? No

Color: Black

Property Type: Household Goods

Damaged? Yes

Property #3

Possessor/User: [REDACTED]

Quantity: 1

Estimated Value: \$100.00

Used as Weapon? No

Taken/Stolen? No

Description: Door

Owner: [REDACTED]

Recovered? No

Color: Tan

Property Type: Other

Damaged? Yes

NARRATIVES

EV: [REDACTED] IN SUMMARY, R/O'S RESPONDED TO A DOMESTIC DISTURBANCE AT [REDACTED] UPON ARRIVAL, [REDACTED] (VICTIM AND COMPLAINANT) STATED THAT HER ROOMMATE, [REDACTED] (OFFENDER), HAD DAMAGED SEVERAL ITEMS IN HER RESIDENCE ON 21AUG14 AT APPROXIMATELY 2100 HOURS. THE VICTIM FURTHER RELATED THAT SHE AND THE OFFENDER ENGAGED IN A VERBAL ALTERCATION ON 22AUG14 AND WAS IN FEAR OF THE OFFENDER DAMAGING ADDITIONAL PROPERTY. THE VICTIM STATED TO R/O'S THAT THE OFFENDER IS [REDACTED] AND REFUSES TO TAKE MEDICATION. THE VICTIM FURTHER RELATED THAT THE OFFENDER SMOKED LEAF (R/O'S KNOW THIS TO BE A STREET TERM FOR PCP) AND SHE WANTED THE OFFENDER TO LEAVE THE RESIDENCE TO WHICH HE DID NOT COMPLY. THE OFFENDER BECAME EXTREMELY AGITATED AND COMBATIVE AND MADE VERBAL THREATS TO R/O'S ("I'M GOING TO FUCK YOU ALL UP!"). THE OFFENDER THEN STOOD IN FRONT OF THE DOOR TO RESIDENCE, LOCKING IT. P.O. CHRYSSIKOS #11190 AND P.O. ROSZKOWSKI #14740 ATTEMPTED TO DETAIN THE OFFENDER TO WHICH HE RESISTED BY STIFFENING HIS BODY AND ATTEMPTING TO PULL AWAY AT WHICH POINT P.O. CHRYSSIKOS #11190 AND P.O. ROSZKOWSKI #14740 EFFECTED AN EMERGENCY TAKE DOWN AND P.O. FOX #6527 DEPLOYED TASER AT 1657 HOURS. THE OFFENDER WAS DETAINED AND TRANSPORTED TO [REDACTED] BY BT 1172 AT 1720 HOURS. BT 1114 COMPLETED [REDACTED] FOR INVOLUNTARY ADMISSION FOR MENTAL EVALUATION. P.O. FOX AND P.O. CHRYSSIKOS ASSISTED HOSPITAL STAFF TO RESTRAIN THE OFFENDER WHEN HE BEGAN TO TWIST AND FLAIL ABOUT THE BED AND P.O. FOX'S RIGHT HAND BECAME CAUGHT BETWEEN THE METAL BED FRAME AND OFFENDER, TWISTING IT IN THE OPPOSITE DIRECTION. AFTER THE OFFENDER WAS SUBDUED, P.O. FOX IMMEDIATELY FELT PAIN AND RIGHT WRIST HAD SLIGHT SWELLING. OFFENDER STATED TO P.O. FOX "I'M GOING TO PUT A \$50,000 HIT ON YOU." VICTIM WAS GIVEN DIN AND ADVISED OF WARRANT AND OOP PROCEDURES.

- STAR#: 11190 NAME: NICHOLAS CHRYSSIKOS BEAT: 1114
- STAR#: 14740 NAME: GREG ROSZKOWSKI BEAT: 1131
- STAR#: 19985 NAME: MELISSA RODRIGUEZ BEAT: 1131
- STAR#: 17821 NAME: MIRIAM LUCENA BEAT: 1112

NARRATIVES

- STAR#: 17083 NAME: THERESA WALDBUESSER BEAT: 1112
- STAR#: 16254 NAME: RACHEL DRIZNER BEAT: 1122
- STAR#: 5920 NAME: LILIANA ZEPEDA BEAT: 1122

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	6527	[REDACTED]	FOX, Stephanie, A	[REDACTED]	22 Aug 2014 19:43	011	1114

IUCR ASSOCs.

Victim	IUCR	Crime	Offender
[REDACTED]	0554	Assault - Agg Po Hands No/Min Injury	[REDACTED]
	1310	Criminal Damage - To Property	[REDACTED]

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) ROSKOWSKI, GREG		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 14740	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT 05-OCT-2012	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
UNIT OF ASSIGNMENT 011	BEAT/CALL NO. 1131	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1114
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 22-AUG-2014 TIME 16:58:00 DAY OF WEEK FRIDAY
HEIGHT 603	WEIGHT 205	NO. OF OFFICERS BATTERED <u>3</u>	
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		MANNER OF ATTACK	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> E. FEET <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input type="checkbox"/> K. OTHER _____			
FIREARM USE INFORMATION		(Check all that apply):	
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		<input type="checkbox"/> D. BLUNT INSTRUMENT	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB [REDACTED]	CB NO. _____ IR NO. _____
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN			
GANG RELATED?			
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <u>1</u>			
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>81 °F</u>			
LIGHTING CONDITIONS AT INCIDENT			
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD			

-

REPORTING MEMBER - SIGNATURE
ROSZKOWSKI, GREG

STAR NO.
14740

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
STUART, STEPHANIE L

330

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 22-AUG-2014		TIME 16:58:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 090	4. BEAT/OCCUR 1114				
MEMBER INVOLVED SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME ROSZKOWSKI	7. FIRST NAME GREG	8. STAR NO. 14740	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 603	13. WT. 205			
	14. DATE OF APPT. 05-OCT-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1131	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 601	27. WT. 190			
	28. DNA			29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED] DNA 37. CB NO. IR NO. [REDACTED] DNA						
	REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ASSAILANT: BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____				
		39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	FIREARM <input type="checkbox"/> OTHER _____				
		40. ADDITIONAL INFORMATION					41. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR
		45. MAKE/MANUFACTURER [REDACTED]					46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/GAUGE [REDACTED]			
		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]			
54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. [REDACTED]	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CATDRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)						
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		70. EVENT NO. [REDACTED]						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]		71. RD NO. [REDACTED]								
72. CASE INFO NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
73. REPORTING MEMBER (Print Name) ROSZKOWSKI, GREG 22-AUG-2014 22:24:37												
74. REVIEWING SUPERVISOR (Print Name) KEARNS, MARK E STAR NO. 1811 SIGNATURE [REDACTED] DATE REVIEWED 22-AUG-2014 22:56:18 TIME												

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

The subject was hospitalized due to being off his prescribed medications for [REDACTED] and under the strong influence of unknown narcotics

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on a review of the reports, R/Lt has determined that the officer acted within the Department guidelines and the Use of Force model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED

TIME

22-AUG-2014 23:18:53

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- CASE REPORT SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 ARREST REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

I.O.D. REPORT

CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) FOX, STEPHANIE A		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 6527	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT 31-AUG-2012	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
UNIT OF ASSIGNMENT 011	BEAT/CALL NO. 1114	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1114
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 22-AUG-2014	TIME 16:45:00
HEIGHT 511	WEIGHT 145	DAY OF WEEK FRIDAY	
NO. OF OFFICERS BATTERED <u>3</u>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		MANNER OF ATTACK WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED] CB NO. IR NO.			
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES GANG RELATED? <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 2. NO NO. OF OFFENDERS PRESENT? <u>1</u> <input type="checkbox"/> 3. UNKNOWN	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>81 °F</u>	

REPORTING MEMBER - SIGNATURE
FOX, STEPHANIE A

STAR NO.
6527

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
STUART, STEPHANIE L

330

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED SUBJECT INFORMATION	1. DATE OF INCIDENT 22-AUG-2014	TIME 16:45:00	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE 090	4. BEAT/OCCUR 1114				
	5. POSITION 9161	6. LAST NAME FOX	7. FIRST NAME STEPHANIE A	8. STAR NO. 6527	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 511	13. WT. 145
	14. DATE OF APPT. 31-AUG-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1114	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 601	27. WT. 190	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. CHARGES PLACED [REDACTED]	<input type="checkbox"/> DNA	37. CB NO. [REDACTED]	IR NO. [REDACTED]	<input type="checkbox"/> DNA	
	38. <input type="checkbox"/> DNA	PASSIVE RESISTER SUBJECT'S ACTIONS	ACTIVE RESISTER MEMBER'S RESPONSE	ASSAILANT: ASSAULT IMMINENT THREAT OF BATTERY OTHER _____	ASSAILANT: BATTERY ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ASSAILANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____			
	39. <input type="checkbox"/> DNA	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	40. ADDITIONAL INFORMATION						
	WEAPON DISCHARGE INCIDENT	POSITION [REDACTED]	STAR NO. [REDACTED]	UNIT [REDACTED]	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR	
	CASE INFO	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	70. EVENT NO. [REDACTED]		
SIGNATURES	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CATDRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	71. R.D. NO. [REDACTED]	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
	73. REPORTING MEMBER (Print Name) FOX, STEPHANIE A 22-AUG-2014 19:34:45	STAR/EMPLOYEE NO. 6527	SIGNATURE [REDACTED]						
	74. REVIEWING SUPERVISOR (Print Name) KEARNS, MARK E	STAR NO. 1811	SIGNATURE [REDACTED]	DATE REVIEWED 22-AUG-2014 22:52:29	TIME				

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

The subject was hospitalized due to being off his prescribed medications for [REDACTED] and under the strong influence of unknown narcotics

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on a review of the reports, R/Lt has determined that the officer acted within the Department guidelines and the Use of Force model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED TIME

22-AUG-2014 23:18:34

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- CASE REPORT
 ARREST REPORT

- SUPPLEMENTARY REPORT
 OFFICER BATTERY REPORT
 TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

- I.O.D. REPORT
 CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) CHRYSSIKOS, NICHOLAS C		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 11190	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE [REDACTED]	
DATE OF APPOINTMENT 31-OCT-2012	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
UNIT OF ASSIGNMENT 011	BEAT/CALL NO. 1114	LOCATION CODE 090-APARTMENT	BEAT OF OCCURRENCE 1114
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 22-AUG-2014	TIME 16:45:00
HEIGHT 508	WEIGHT 215	DAY OF WEEK FRIDAY	
NO. OF OFFICERS BATTERED <u>3</u>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		MANNER OF ATTACK	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
		<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
<input type="checkbox"/> B. VEHICLE _____ <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT _____			
FIREARM USE INFORMATION (Check all that apply):			
<input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		RACE BLACK	DOB [REDACTED]
ORIGINAL CHARGE _____		ORIGINAL IUCR CODE _____	CB NO. _____ IR NO. _____
K. OTHER _____			
TYPE OF INJURY TO OFFICER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		GANG RELATED?	
		<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <u>8</u>	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>81 °F</u>			

REPORTING MEMBER - SIGNATURE
CHRYSSIKOS, NICHOLAS C

STAR NO.
11190

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
STUART, STEPHANIE L

330

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 22-AUG-2014		TIME 16:45:00	2. ADDRESS OF OCCURRENCE [REDACTED]				3. LOCATION CODE 090	4. BEAT/OCCUR 1114																																																																												
MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	5. POSITION 9161	6. LAST NAME CHRYSSIKOS	7. FIRST NAME NICHOLAS C	8. STAR NO. 11190	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 508	13. WT. 215																																																																											
	14. DATE OF APPT. 31-OCT-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1114	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																														
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]	22. M.I. A	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 601	27. WT. 190																																																																											
	28. SUBJECT INFORMATION		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																												
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]					34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED [REDACTED] 37. CB NO. [REDACTED] IR NO. [REDACTED]																																																																												
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WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

The subject was hospitalized due to being off his prescribed medications for schizophrenia and bi-polar and under the strong influence of unknown narcotics

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on a review of the reports, R/Lt has determined that the officer acted within the Department guidelines and the Use of Force model.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION: I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES. I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)**STUART, STEPHANIE L**

SIGNATURE

DATE COMPLETED

TIME

22-AUG-2014 23:18:09**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

- CASE REPORT
- ARREST REPORT

 SUPPLEMENTARY REPORT OFFICER BATTERY REPORT TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES) I.O.D. REPORT CR INITIATION REPORT**80. TOTAL TRR's THIS EVENT No.****3**

EVIDENCE SYNC[®] OFFLINE

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: ZZX3005WA

Firmware Version: FWBundle Rev. 03.041

Device Health: Good

Offline Report

Date:

22 Aug 2014 21:14:13

Local Timezone:

Central Standard Time (UTC -5:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
08/22/2014 04:12:02	08/21/2014 23:12:02	Armed	C1: 25' Standard C2: 25' Standard		26°C 26°C	67% 67%
08/22/2014 04:12:03	08/21/2014 23:12:03	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		67% 67%
08/22/2014 04:12:04	08/21/2014 23:12:04	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	27°C 27°C	67% 67%
08/22/2014 05:50:46	08/22/2014 00:50:46	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	67% 67%
08/22/2014 05:50:55	08/22/2014 00:50:55	Safe	C1: 25' Standard C2: 25' Standard	9s 9s	30°C 30°C	67% 67%
08/22/2014 06:03:04	08/22/2014 01:03:04	Armed	C1: 25' Standard C2: 25' Standard		30°C 30°C	67% 67%
08/22/2014 06:03:46	08/22/2014 01:03:46	Safe	C1: 25' Standard C2: 25' Standard	42s 42s	33°C 33°C	66% 66%
08/22/2014 14:53:50	08/22/2014 09:53:50	Armed	C1: 25' Standard C2: 25' Standard		31°C 31°C	66% 66%
08/22/2014 14:53:51	08/22/2014 09:53:51	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	31°C 31°C	66% 66%
08/22/2014 19:53:25	08/22/2014 14:53:25	Armed	C1: 25' Standard C2: 25' Standard		34°C 34°C	66% 66%
08/22/2014 19:53:26	08/22/2014 14:53:26	Safe	C1: 25' Standard C2: 25' Standard	1s 1s	34°C 34°C	66% 66%
08/22/2014 20:20:22	08/22/2014 15:20:22	Armed	C1: 25' Standard C2: 25' Standard		31°C 31°C	66% 66%
08/22/2014 20:20:24	08/22/2014 15:20:24	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		66% 66%
08/22/2014 20:20:25	08/22/2014 15:20:25	Safe	C1: 25' Standard C2: 25' Standard	3s 3s	32°C 32°C	66% 66%
08/22/2014 21:51:15	08/22/2014 16:51:15	Armed	C1: 25' Standard C2: 25' Standard		33°C 33°C	66% 66%
08/22/2014 21:51:26	08/22/2014 16:51:26	Safe	C1: 25' Standard C2: 25' Standard	11s 11s	34°C 34°C	66% 66%
08/22/2014 21:51:45	08/22/2014 16:51:45	Armed	C1: 25' Standard C2: 25' Standard		33°C 33°C	66% 66%
→ 08/22/2014 21:57:21	08/22/2014 16:57:21	Trigger	C1: Deployed	5s		66% 66%
08/22/2014 21:58:11	08/22/2014 16:58:11	Safe	C1: Deployed C2: 25' Standard	6m 28s 6m 28s	43°C 43°C	64% 64%
08/23/2014 02:08:19	08/22/2014 21:08:19	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		31°C 31°C	0% 0%
08/23/2014 02:09:21	08/22/2014 21:09:21	Time Sync		08/22/2014 21:09:21 to 08/22/2014 21:10:23		

Logs #107147

NLF10 #42

Resent to Inv Shannon HAYES
on todays date 01 Sep 14